STATE OF RHODE ISLAND
Board of Examiners of Landscape Architects
1 Capitol Hill, 2nd Floor
Providence, RI 02908
(401) 222-2565 Fax: (401) 222-5744
www.bdp.state.ri.us

LANDSCAPE ARCHITECT LICENSE
BIENNIAL RENEWAL
APPLICATION

INDIVIDUAL RENEWAL APPLICATION PERIOD 7/01/07 - 6/30/09

- **Renewal Expiration Date: 06/30/07**
- **Renewal Fee: $80.**   **Late Fee: $25.**
- **Indicate registration number on check.**
- **Make checks payable to: Treasurer, State of RI**

☐ **Yes, I want to renew.**
☐ **No, I do not want to renew.**

R.I. LANDSCAPE ARCHITECT LICENSE #

Name:
Address:

Phone number: (   )_____

Change of address: (If Applicable)
_____
_____
_____

Phone number: (   )_____

Name and Address of Firm or Employer:

_____
_____
_____

Do you or your firm practice or offer to practice landscape architecture in the State of Rhode Island?   YES ☐   NO ☐

If so, do you currently have a Certificate of Authorization (COA) in R.I.?   YES ☐   NO ☐

COA company name or individual name under which landscape architectural services are offered in R.I.

_____

I am not practicing landscape architecture or offering landscape architectural services in Rhode Island at this time and request to be exempt from the COA requirement. I understand that it is my duty to notify the Board in the event that I should decide to practice or offer to practice landscape architecture in Rhode Island, and that I will submit a COA application prior to offering these services. ☐

RENEWALS RECEIVED AFTER JUNE 30 MUST INCLUDE A $25.00 PENALTY FEE.

Registration shall be effective only from and after receipt by the Board of all such amounts as may be due.

I have read carefully the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the Board of Examiners of Landscape Architects of any change in the answers to these questions after this application is signed.

Signature of Applicant: _____   **Date: _____**